28-day bladder best practice timed pathway

	Day 0	By Day 10	By Day 14	By Day 20	By Day 28
	Primary care	Local diagnostic centre	/	Specialist diagnostic centre	
Bladder and other Urothelial	**Urgent GP electronic referral** (using NG12 criteria)[1] Including a minimum dataset (including **Bloods**)[2]	**Clinical triage**[4] by suitably experienced member of urology multi-disciplinary team. **Bloods,** including **PSA/DRE** for visible haematuria in males if not provided in primary care	**Haematuria one-stop clinic**[5] If visible haematuria: **Triple Phase CT including urography** (+ chest if suspicion of muscle invasive / advanced / metastatic bladder cancer), unless contraindicated, then consider **Ultrasound** (with hot reporting) AND **Flexible Cystoscopy** (can be omitted if straight to TURBT).[6] If non-visible haematuria: **Flexible Cystoscopy** AND **Ultrasound** AND consider **CT of abdomen and pelvis** if indicated (+ chest if suspicion of muscle invasive / advanced / metastatic bladder cancer). Consider booking **MRI** pre-TURBT where muscle invasive disease is expected.	**+/- MRI** if indicated (where muscle invasive disease is expected). **TURBT / Bladder Biopsy**[7] (reported within 7 calendar days). Followed by **CT of chest** (if muscle invasive / advanced / metastatic bladder cancer and not yet done).	If low risk non-muscle invasive bladder cancer, may remain in **local MDT,** for all others electronically refer to **Specialist MDT**[10] and **specialist clinic appointment** **Bladder cancer clinic with histology results** AND **Discuss treatment options** and Personalised Care and Support Plan with MDT input; assess fitness +/- pre-op assessment; Patient optimisation and support[11]
	Secondary care **Presenting with metastatic disease**		If suspected upper urinary tract urothelial carcinoma electronically refer directly to **sMDT**[10] If suspicion of upper tract urothelial tumour: Consider **Ureterorenoscopy +/- Biopsy if diagnostic uncertainty on imaging**[7]		
		Ensure histological diagnosis if patient fit for treatment (**TUR biopsies or biopsies from metastasis**) AND complete staging investigations (**CT of chest, abdomen and pelvis post contrast**). **Local diagnostic planning meeting / streamlined MDT.** Refer appropriate cases directly to **sMDT.**[10]	**sMDT** **Consider PET-CT +/- pelvic MRI**		
Patient information	**Patient information** Provided in primary care[3]	**Patient information / signposting** Provided in consultation or OPA[5]	**Cancer likely / diagnosed** Clinic review; **Communication with patient and discussion with CNS.** Record FDS when patient is informed that they have cancer[8] OR **Cancer ruled out and communication with patient** Patient informed; referred to other secondary care service if possible. Record FDS when patient informed that cancer has been excluded[8]		